

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME

ADDRESS: P O BOX 25
BOISE, ID 83707

FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD
CLARK FORK, ID 83811

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG131001	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2010	10/31/2010

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 01)

FACILITY TOTAL

Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	5 MO AVG	10 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.16 DAILY MX	mg/L		Twice Per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	1.71		*****	*****	*****	*****		Monthly	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Monthly	MEASRD

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11/01/2010	11/30/2010

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	5 MO AVG	10 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.16 DAILY MX	mg/L		Twice Per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	2.99		*****	*****	*****	*****		Monthly	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Monthly	MEASRD

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	1			Twice Per Year	COMPOS
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	.9	.9			Twice Per Year	CALCTD
00530 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	5 MO AVG	10 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	.1	.1			Twice Per Year	GRAB
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	.02	.02			Twice Per Year	COMPOS
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	.01	.01			Twice Per Year	CALCTD
00665 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.16 DAILY MX	mg/L		Twice Per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .01	< .01			Twice Per Year	GRAB
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	3.79		*****	*****	*****	*****		Monthly	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Monthly	MEASRD

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	5 MO AVG	10 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.16 DAILY MX	mg/L		Twice Per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	5.89		*****	*****	*****	*****		Monthly	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Monthly	MEASRD

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	5 MO AVG	10 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.16 DAILY MX	mg/L		Twice Per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME

ADDRESS: P O BOX 25
BOISE, ID 83707

FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD
CLARK FORK, ID 83811

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG131001	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2011	02/28/2011

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 01)

FACILITY TOTAL

Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	9.08		*****	*****	*****	*****		Monthly	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Monthly	MEASRD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME

ADDRESS: P O BOX 25
BOISE, ID 83707

FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD
CLARK FORK, ID 83811

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG131001	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2011	03/31/2011

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 01)

FACILITY TOTAL

Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	5 MO AVG	10 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.16 DAILY MX	mg/L		Twice Per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME

ADDRESS: P O BOX 25
BOISE, ID 83707

FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD
CLARK FORK, ID 83811

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG131001	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2011	03/31/2011

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 01)

FACILITY TOTAL

Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	11.17		*****	*****	*****	*****		Monthly	
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Monthly	MEASRD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME

ADDRESS: P O BOX 25
BOISE, ID 83707

FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD
CLARK FORK, ID 83811

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG131001	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2011	04/30/2011

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 01)

FACILITY TOTAL

Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	5 MO AVG	10 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.16 DAILY MX	mg/L		Twice Per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME

ADDRESS: P O BOX 25
BOISE, ID 83707

FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD
CLARK FORK, ID 83811

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG131001	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2011	04/30/2011

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 01)

FACILITY TOTAL

Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	12.94		*****	*****	*****	*****		Monthly	
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Monthly	MEASRD

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME

ADDRESS: P O BOX 25
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IDG131001	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2011	05/31/2011

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 01)

FACILITY TOTAL

Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	.9	.9			Twice Per Year	COMPOS
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	.7	.7			Twice Per Year	CALCTD
00530 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	5 MO AVG	10 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	.2	.2			Twice Per Year	GRAB
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	.02	.02			Twice Per Year	COMPOS
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	.01	.01			Twice Per Year	CALCTD
00665 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.16 DAILY MX	mg/L		Twice Per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .01	< .01			Twice Per Year	GRAB
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Hardness, total [as CaCO ₃]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS

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				NUMBER
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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BOISE, ID 83707

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IDG131001	SUM-A
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2011	05/31/2011

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 01)

FACILITY TOTAL

Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	13.86		*****	*****	*****	*****		Monthly	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Monthly	MEASRD

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					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME

ADDRESS: P O BOX 25
BOISE, ID 83707

FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD
CLARK FORK, ID 83811

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG131001	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2011	06/30/2011

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 01)

FACILITY TOTAL

Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	5 MO AVG	10 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.16 DAILY MX	mg/L		Twice Per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME

ADDRESS: P O BOX 25
BOISE, ID 83707

FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD
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IDG131001	SUM-A
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2011	06/30/2011

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 01)

FACILITY TOTAL

Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	13.17		*****	*****	*****	*****		Monthly	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Monthly	MEASRD

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			
		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME

ADDRESS: P O BOX 25
BOISE, ID 83707

FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD
CLARK FORK, ID 83811

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG131001	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2011	07/31/2011

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 01)

FACILITY TOTAL

Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	5 MO AVG	10 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.16 DAILY MX	mg/L		Twice Per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME

ADDRESS: P O BOX 25
BOISE, ID 83707

FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD
CLARK FORK, ID 83811

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG131001	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2011	07/31/2011

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 01)

FACILITY TOTAL

Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	3.79		*****	*****	*****	*****		Monthly	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Monthly	MEASRD

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		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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ADDRESS: P O BOX 25
BOISE, ID 83707

FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD
CLARK FORK, ID 83811

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG131001	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2011	08/31/2011

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 01)

FACILITY TOTAL

Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	5 MO AVG	10 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.16 DAILY MX	mg/L		Twice Per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME

ADDRESS: P O BOX 25
BOISE, ID 83707

FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD
CLARK FORK, ID 83811

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG131001	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2011	08/31/2011

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 01)

FACILITY TOTAL

Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	2.31		*****	*****	*****	*****		Monthly	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Monthly	MEASRD

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME

ADDRESS: P O BOX 25
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FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD
CLARK FORK, ID 83811

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG131001	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2011	09/30/2011

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 01)

FACILITY TOTAL

Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	5 MO AVG	10 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.16 DAILY MX	mg/L		Twice Per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME

ADDRESS: P O BOX 25
BOISE, ID 83707

FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD
CLARK FORK, ID 83811

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG131001	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
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09/01/2011	09/30/2011

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 01)

FACILITY TOTAL

Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	2.8		*****	*****	*****	*****		Monthly	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Monthly	MEASRD

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					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME

ADDRESS: P O BOX 25
BOISE, ID 83707

FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD
CLARK FORK, ID 83811

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG131001	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2011	10/31/2011

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 01)

FACILITY TOTAL

Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	5 MO AVG	10 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.16 DAILY MX	mg/L		Twice Per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME

ADDRESS: P O BOX 25
BOISE, ID 83707

FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD
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10/01/2011	10/31/2011

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 01)

FACILITY TOTAL

Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	4.09		*****	*****	*****	*****		Monthly	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Monthly	MEASRD

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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IDG131001	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2011	11/30/2011

DMR Mailing ZIP CODE: 83707

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FACILITY TOTAL

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	5 MO AVG	10 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.16 DAILY MX	mg/L		Twice Per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	4.09		*****	*****	*****	*****		Monthly	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Monthly	MEASRD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME

ADDRESS: P O BOX 25
BOISE, ID 83707

FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD
CLARK FORK, ID 83811

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG131001	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2011	12/31/2011

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 01)

FACILITY TOTAL

Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.2	2.2			Twice Per Year	COMPOS
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.1	2.1			Twice Per Year	CALCTD
00530 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	5 MO AVG	10 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	.1	.1			Twice Per Year	COMPOS
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	.033	.033			Twice Per Year	COMPOS
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	.023	.023			Twice Per Year	CALCTD
00665 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.16 DAILY MX	mg/L		Twice Per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .01	< .01			Twice Per Year	COMPOS
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME

ADDRESS: P O BOX 25
BOISE, ID 83707

FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD
CLARK FORK, ID 83811

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG131001	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2011	12/31/2011

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 01)

FACILITY TOTAL

Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	3.87		*****	*****	*****	*****		Monthly	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Monthly	MEASRD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			
		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME

ADDRESS: P O BOX 25
BOISE, ID 83707

FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD
CLARK FORK, ID 83811

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG131001	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2012	01/31/2012

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 01)

FACILITY TOTAL

Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	5 MO AVG	10 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.16 DAILY MX	mg/L		Twice Per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME

ADDRESS: P O BOX 25
BOISE, ID 83707

FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD
CLARK FORK, ID 83811

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG131001	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2012	01/31/2012

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 01)

FACILITY TOTAL

Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	4.24		*****	*****	*****	*****		Monthly	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Monthly	MEASRD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			
		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME

ADDRESS: P O BOX 25
BOISE, ID 83707

FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD
CLARK FORK, ID 83811

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG131001	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2012	02/29/2012

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 01)

FACILITY TOTAL

Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	5 MO AVG	10 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.16 DAILY MX	mg/L		Twice Per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME

ADDRESS: P O BOX 25
BOISE, ID 83707

FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD
CLARK FORK, ID 83811

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG131001	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2012	02/29/2012

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 01)

FACILITY TOTAL

Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	7.71		*****	*****	*****	*****		Monthly	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Monthly	MEASRD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME

ADDRESS: P O BOX 25
BOISE, ID 83707

FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD
CLARK FORK, ID 83811

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG131001	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2012	03/31/2012

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 01)

FACILITY TOTAL

Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	5 MO AVG	10 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.16 DAILY MX	mg/L		Twice Per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
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				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME

ADDRESS: P O BOX 25
BOISE, ID 83707

FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD
CLARK FORK, ID 83811

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG131001	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2012	03/31/2012

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 01)

FACILITY TOTAL

Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	NODI 9		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Monthly	MEASRD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME

ADDRESS: P O BOX 25
BOISE, ID 83707

FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD
CLARK FORK, ID 83811

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG131001	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2012	04/30/2012

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 01)

FACILITY TOTAL

Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	5 MO AVG	10 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.16 DAILY MX	mg/L		Twice Per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME

ADDRESS: P O BOX 25
BOISE, ID 83707

FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD
CLARK FORK, ID 83811

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG131001	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2012	04/30/2012

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 01)

FACILITY TOTAL

Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	11.82		*****	*****	*****	*****		Monthly	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Monthly	MEASRD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE
TYPED OR PRINTED					AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME

ADDRESS: P O BOX 25
BOISE, ID 83707

FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD
CLARK FORK, ID 83811

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG131001	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2012	05/31/2012

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 01)

FACILITY TOTAL

Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	5 MO AVG	10 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.16 DAILY MX	mg/L		Twice Per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS

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				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME

ADDRESS: P O BOX 25
BOISE, ID 83707

FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD
CLARK FORK, ID 83811

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG131001	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2012	05/31/2012

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 01)

FACILITY TOTAL

Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	11.82		*****	*****	*****	*****		Monthly	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Monthly	MEASRD

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					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME

ADDRESS: P O BOX 25
BOISE, ID 83707

FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD
CLARK FORK, ID 83811

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG131001	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2012	06/30/2012

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 01)

FACILITY TOTAL

Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.3	1.3			Twice Per Year	COMPOS
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.3	1.3			Twice Per Year	CALCTD
00530 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	5 MO AVG	10 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0			Twice Per Year	COMPOS
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	.04	.04			Twice Per Year	COMPOS
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	.03	.03			Twice Per Year	CALCTD
00665 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.16 DAILY MX	mg/L		Twice Per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .01	< .01			Twice Per Year	COMPOS
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME

ADDRESS: P O BOX 25
BOISE, ID 83707

FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD
CLARK FORK, ID 83811

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG131001	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2012	06/30/2012

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 01)

FACILITY TOTAL

Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	13.17		*****	*****	*****	*****		Monthly	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Monthly	MEASRD

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		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME

ADDRESS: P O BOX 25
BOISE, ID 83707

FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD
CLARK FORK, ID 83811

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG131001	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2012	07/31/2012

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 01)

FACILITY TOTAL

Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	5 MO AVG	10 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.16 DAILY MX	mg/L		Twice Per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS

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				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME

ADDRESS: P O BOX 25
BOISE, ID 83707

FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD
CLARK FORK, ID 83811

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG131001	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2012	07/31/2012

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 01)

FACILITY TOTAL

Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	5.54		*****	*****	*****	*****		Monthly	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Monthly	MEASRD

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					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME

ADDRESS: P O BOX 25
BOISE, ID 83707

FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD
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ATTN: GARY BYRNE, PROD SUPERVISOR

IDG131001	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2012	08/31/2012

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 01)

FACILITY TOTAL

Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	5 MO AVG	10 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.16 DAILY MX	mg/L		Twice Per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME

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LOCATION: 1070 CABINET GORGE ROAD
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MONITORING PERIOD	
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08/01/2012	08/31/2012

DMR Mailing ZIP CODE: 83707

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(SUBR 01)

FACILITY TOTAL

Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	1.17		*****	*****	*****	*****		Monthly	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Monthly	MEASRD

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		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME

ADDRESS: P O BOX 25
BOISE, ID 83707

FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD
CLARK FORK, ID 83811

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG131001	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2012	09/30/2012

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 01)

FACILITY TOTAL

Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	5 MO AVG	10 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.16 DAILY MX	mg/L		Twice Per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME

ADDRESS: P O BOX 25
BOISE, ID 83707

FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD
CLARK FORK, ID 83811

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG131001	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2012	09/30/2012

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 01)

FACILITY TOTAL

Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	1.38		*****	*****	*****	*****		Monthly	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Monthly	MEASRD

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OMB No. 2040-0004

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IDG131001	SUM-A
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10/01/2012	10/31/2012

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 01)

FACILITY TOTAL

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	5 MO AVG	10 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.16 DAILY MX	mg/L		Twice Per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS

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				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME

ADDRESS: P O BOX 25
BOISE, ID 83707

FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD
CLARK FORK, ID 83811

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG131001	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
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10/01/2012	10/31/2012

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FACILITY TOTAL

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	2.29		*****	*****	*****	*****		Monthly	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Monthly	MEASRD

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TYPED OR PRINTED					AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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IDG131001	SUM-A
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11/01/2012	11/30/2012

DMR Mailing ZIP CODE: 83707

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FACILITY TOTAL

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	5 MO AVG	10 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.16 DAILY MX	mg/L		Twice Per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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DMR Mailing ZIP CODE: 83707

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(SUBR 01)

FACILITY TOTAL

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	1.38		*****	*****	*****	*****		Monthly	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Monthly	MEASRD

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	.1	.1			Twice Per Year	COMPOS
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	.1	.1			Twice Per Year	COMPOS
00530 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	5 MO AVG	10 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0			Twice Per Year	COMPOS
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	.015	.015			Twice Per Year	COMPOS
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	.005	.005			Twice Per Year	CALCTD
00665 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.16 DAILY MX	mg/L		Twice Per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .01	< .01			Twice Per Year	COMPOS
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	2.29		*****	*****	*****	*****		Monthly	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Monthly	MEASRD

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	5 MO AVG	10 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.16 DAILY MX	mg/L		Twice Per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS

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				NUMBER
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME

ADDRESS: P O BOX 25
BOISE, ID 83707

FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD
CLARK FORK, ID 83811

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG131001	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2013	01/31/2013

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 01)

FACILITY TOTAL

Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	3.464		*****	*****	*****	*****		Monthly	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Monthly	MEASRD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME

ADDRESS: P O BOX 25
BOISE, ID 83707

FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD
CLARK FORK, ID 83811

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG131001	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2013	02/28/2013

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 01)

FACILITY TOTAL

Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	5 MO AVG	10 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.16 DAILY MX	mg/L		Twice Per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME

ADDRESS: P O BOX 25
BOISE, ID 83707

FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD
CLARK FORK, ID 83811

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG131001	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2013	02/28/2013

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 01)

FACILITY TOTAL

Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	4.763		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Monthly	MEASRD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
				MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME

ADDRESS: P O BOX 25
BOISE, ID 83707

FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD
CLARK FORK, ID 83811

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG131001	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2013	03/31/2013

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 01)

FACILITY TOTAL

Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	5 MO AVG	10 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.16 DAILY MX	mg/L		Twice Per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME

ADDRESS: P O BOX 25
BOISE, ID 83707

FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD
CLARK FORK, ID 83811

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG131001	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2013	03/31/2013

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 01)

FACILITY TOTAL

Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	7.51		*****	*****	*****	*****		Monthly	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Monthly	MEASRD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME

ADDRESS: P O BOX 25
BOISE, ID 83707

FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD
CLARK FORK, ID 83811

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG131001	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2013	04/30/2013

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 01)

FACILITY TOTAL

Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	5 MO AVG	10 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.16 DAILY MX	mg/L		Twice Per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME

ADDRESS: P O BOX 25
BOISE, ID 83707

FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD
CLARK FORK, ID 83811

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG131001	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2013	04/30/2013

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 01)

FACILITY TOTAL

Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	10.95		*****	*****	*****	*****		Monthly	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Monthly	MEASRD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME

ADDRESS: P O BOX 25
BOISE, ID 83707

FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD
CLARK FORK, ID 83811

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG131001	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2013	05/31/2013

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 01)

FACILITY TOTAL

Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	5 MO AVG	10 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.16 DAILY MX	mg/L		Twice Per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME

ADDRESS: P O BOX 25
BOISE, ID 83707

FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD
CLARK FORK, ID 83811

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG131001	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2013	05/31/2013

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 01)

FACILITY TOTAL

Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	14.09		*****	*****	*****	*****		Monthly	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Monthly	MEASRD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME

ADDRESS: P O BOX 25
BOISE, ID 83707

FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD
CLARK FORK, ID 83811

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG131001	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2013	06/30/2013

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 01)

FACILITY TOTAL

Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	.7	.7			Twice Per Year	COMPOS
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	.7	.7			Twice Per Year	CALCTD
00530 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	5 MO AVG	10 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0			Twice Per Year	COMPOS
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	.02	.02			Twice Per Year	COMPOS
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	.005	.005			Twice Per Year	CALCTD
00665 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.16 DAILY MX	mg/L		Twice Per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .01	< .01			Twice Per Year	COMPOS
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME

ADDRESS: P O BOX 25
BOISE, ID 83707

FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD
CLARK FORK, ID 83811

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG131001	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2013	06/30/2013

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 01)

FACILITY TOTAL

Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	12.71		*****	*****	*****	*****		Monthly	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Monthly	MEASRD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			
		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME

ADDRESS: P O BOX 25
BOISE, ID 83707

FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD
CLARK FORK, ID 83811

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG131001	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2013	07/31/2013

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 01)

FACILITY TOTAL

Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	5 MO AVG	10 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.16 DAILY MX	mg/L		Twice Per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME

ADDRESS: P O BOX 25
BOISE, ID 83707

FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD
CLARK FORK, ID 83811

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG131001	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2013	07/31/2013

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 01)

FACILITY TOTAL

Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	4.56		*****	*****	*****	*****		Monthly	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Monthly	MEASRD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			
		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME

ADDRESS: P O BOX 25
BOISE, ID 83707

FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD
CLARK FORK, ID 83811

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG131001	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2013	08/31/2013

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 01)

FACILITY TOTAL

Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	5 MO AVG	10 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.16 DAILY MX	mg/L		Twice Per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME

ADDRESS: P O BOX 25
BOISE, ID 83707

FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD
CLARK FORK, ID 83811

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG131001

PERMIT NUMBER

SUM-A

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

08/01/2013

MM/DD/YYYY

08/31/2013

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 01)

FACILITY TOTAL

Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	1.81		*****	*****	*****	*****		Monthly	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Monthly	MEASRD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME

ADDRESS: P O BOX 25
BOISE, ID 83707

FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD
CLARK FORK, ID 83811

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG131001	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2013	09/30/2013

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 01)

FACILITY TOTAL

Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	5 MO AVG	10 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.16 DAILY MX	mg/L		Twice Per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
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				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME

ADDRESS: P O BOX 25
BOISE, ID 83707

FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD
CLARK FORK, ID 83811

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG131001	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2013	09/30/2013

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 01)

FACILITY TOTAL

Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	2.41		*****	*****	*****	*****		Monthly	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Monthly	MEASRD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME

ADDRESS: P O BOX 25
BOISE, ID 83707

FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD
CLARK FORK, ID 83811

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG131001	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2013	10/31/2013

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 01)

FACILITY TOTAL

Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	5 MO AVG	10 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.16 DAILY MX	mg/L		Twice Per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME

ADDRESS: P O BOX 25
BOISE, ID 83707

FACILITY: IDFG CABINET GORGE HATCHERY

LOCATION: 1070 CABINET GORGE ROAD
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ATTN: GARY BYRNE, PROD SUPERVISOR

IDG131001	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
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10/01/2013	10/31/2013

DMR Mailing ZIP CODE: 83707

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(SUBR 01)

FACILITY TOTAL

Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	4.8		*****	*****	*****	*****		Monthly	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Monthly	MEASRD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)